

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/763105

FILING DATE: **09/28/2011**
(763) 306-0421

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11	1						61						
12		1					62						
13		2					63						
14		3					64						
15		4					65						
16		5					66						
17		6					67						
18		7					68						
19		8					69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	23	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	25						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy